

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/830378

FILING DATE

APPLICANT(S)

11-18-75 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/			
2	/		/	/		
3	2		/	/		
4	1		/	/		
5	1		/	/		
6	1		/	/		
7	2		/	/		
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TOTAL IND.	2	↓	2	↓	4	↓
TOTAL DEP.	8	↔	6	↔	4	↔
TOTAL CLAIMS	12	[REDACTED]	4	[REDACTED]	8	[REDACTED]

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IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS